

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Licensed Midwives  
Birthing Centers  
Managed Care Plans  
CSO Administrators  
Regional Administrators

**Memorandum No: 02-27 MAA**  
**Issued:** June 1, 2002

**For Information Call:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Supersedes:** 01-39 MAA

**Subject: Update to the RBRVS\* and Vendor Rate Increase for Licensed Midwives**

**Effective for dates of service on and after July 1, 2002**, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2002 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- The Year 2002 additions of Current Procedural Terminology (CPT™) codes;
- Additions to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes;
- Immunization administration codes; and
- A legislatively appropriated one and one-half (1.5) percent vendor rate increase.

**Maximum Allowable Fees**

In updating the fee schedule with Year 2002 RVUs and clinical laboratory fees, MAA maintained overall budget neutrality. The 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs. The maximum allowable fees have been adjusted to reflect the changes listed above.

Attached are the following updated replacement pages:

- ✓ 17-20 for MAA's Births in Birthing Centers Billing Instructions, dated September 2000; and
- ✓ F.1-F.4 for MAA's Planned Home Birth Billing Instructions, dated January 2001.

To obtain this document electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

\*RBRVS stands for Resource-Based Relative Value Scale.

## Fee Schedule (Births in Birthing Centers)

Due to its licensing agreement with the American Medical Associations, MAA publishes only the official, brief CPT procedure code descriptions. To view the entire description, please refer to your current CPT book.

Use the following procedure codes when billing for Birthing Center services only:

Antepartum Care			
Procedure Code	Modifier	Brief Description	Maximum Allowable Effective 7/1/02
59020		Fetal contract stress test	\$36.40
59020	26	Fetal contract stress test	23.43
59020	TC	Fetal contract stress test	12.97
59025		Fetal non-stress test	48.33
59025	26	Fetal non-stress test	37.84
59025	TC	Fetal non-stress test	10.94
5930M*		Initial prenatal assessment; includes medical history and physical examination.	50.00
<b>Note:</b> Bill one of the following Routine Antepartum Care procedure codes on a calendar month basis. Bill one unit, per calendar month. Use a separate line for each calendar month, indicating a date of service that month. A prenatal management add-on fee may be billed per month when a diagnosis code from page 7 is billed and the client is seen more frequently that month.			
5951M*		Routine Antepartum care, first and second trimester, per month	74.31
5952M*		Routine Antepartum Care, third trimester, per month	126.28
5960M*		Increased monitoring, prenatal management, 1 <sup>st</sup> trimester add-on, per month	30.55
5961M*		Increased monitoring, prenatal management, 2 <sup>nd</sup> trimester add-on, per month	38.99
5962M*		Increased monitoring, prenatal management, 3 <sup>rd</sup> trimester add-on, per month	93.95

\*State-unique code

(CPT codes and descriptions only are copyright 2001 American Medical Association)

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<b>Delivery (Intrapartum)</b>		
<b>Procedure Code</b>	<b>Brief Description</b>	<b>Maximum Allowable Effective 7/1/02</b>
59400	Obstetrical care [including 45 day follow-up care]	\$1,898.82
59409	Obstetrical care	904.96
59410	Obstetrical care	1,074.10
5935M*	Labor management  Bill only when: <ul style="list-style-type: none"> <li>• The client is transferred to a hospital;</li> <li>• Another provider delivers the baby; and</li> <li>• The referral is made during active labor.</li> </ul>	282.61
<b>Postpartum</b>		
59430	Care after delivery	169.14
<b>Other</b>		
36415	Drawing blood	2.45
84703	Chorionic gonadotropin assay	7.46
85013	Hematocrit	2.35
85014	Hematocrit	2.35
90371	Hep b ig, im <b>[Not billable by Licensed Midwives]</b>	126.88
90782	Injection, sc/im	2.50
J2790	Rh immune globulin	112.27

\* State-unique code

(CPT codes and descriptions only are copyright 2001 American Medical Association)

Other (cont.)			
Procedure Code	Brief Description	Maximum Allowable Effective 7/1/02	
J3490	IV antibiotics for Group B strep- use for Penicillin G or Clindamycin or other drug. <b>(Not billable by Licensed Midwives) When billing, include: name of drug, dosage, strength, and NDC #.</b>	Acquisition Cost Include invoice	
J0290	Injection, ampicillin, sodium, up to 500mg. (use separate line for each 500 mg used) <b>(Not billable by Licensed Midwives)</b>	\$1.40	
J1364	Injection, erythromycin lactobionate, per 500 mg.(use separate line for each 500 mg used) <b>(Not billable by Licensed Midwives)</b>	5.56	
J7050	Infusion, normal saline solution, 250cc	9.92	
A4261	Cervical cap for contraceptive use	47.00	
57170	Fitting of diaphragm/cap	55.74 nfs	30.26 fs
9912M*	Diaphragm	45.00	
99435	Newborn discharge day hospital (This code should only be used for newborns assessed and discharged from the hospital or birthing room on the same date.) <b>Limited to one per newborn.</b>	73.73	
5965M*	Department of Health newborn screening tests for metabolic disorders	43.90	
90471	Immunization admin	5.00	
90472	Immunization admin, each add (List separately in addition to code for primary procedure)	3.00	
90708	Measles-rubella vaccine, sc	22.57	
92950	Heart/lung resuscitation cpr	125.81 nfs	116.48 fs
99440	Newborn resuscitation	94.87	

\* State-unique code

nfs = nonfacility setting

fs = facility setting

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Fee Schedule

<b>Other (cont.)</b>			
<b>Procedure Code</b>	<b>Brief Description</b>	<b>Maximum Allowable Effective 7/1/02</b>	
99401	Preventive counseling, indiv [approximately 15 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) <b>[For Smoking Cessation only]</b>	\$25.25 nfs	\$15.24 fs
99402	Preventive counseling, indiv [approximately 30 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) ) <b>[For Smoking Cessation only]</b>	42.09 nfs	31.39 fs

### **Fee Schedule for Facility Fee Payment**

Facility fee schedule for licensed Department of Health birthing centers that have a signed agreement with MAA

<b>State-Unique Code</b>	<b>Modifier</b>	<b>Description</b>	<b>Maximum Allowable Effective 7/1/02</b>
9804M	1M	Facility Fee (A licensed DOH birthing center fee) Payable only when there is a special agreement with MAA. Bill only when the baby is born at the MAA-approved birthing center	\$733.16
9824M		Facility Transfer Fee- may be billed when the client is transferred to the hospital in active labor and the baby is born there	366.68

\* State-unique code

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**Fee Schedule**

# Fee Schedule

Due to its licensing agreement with the American Medical Associations, MAA publishes only the official, brief CPT procedure code descriptions. To view the entire description, please refer to your current CPT book.

Use the following procedure codes when billing for Planned Home Birth services:

Antepartum Care			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/02
59025		Fetal non-stress test	\$48.33
59025	26	Fetal non-stress test	37.84
59025	TC	Fetal non-stress test	10.94
5930M*		Initial prenatal assessment; includes medical history and physical examination.	50.00
<b>Note:</b> Bill one of the following Routine Antepartum Care procedure codes on a calendar month basis. Bill one unit per calendar month. Use a separate line for each calendar month, indicating a date of service that month. A prenatal management add-on fee may be billed per month when a diagnosis code from page E.1 is billed and the client is seen more frequently that month.			
5951M*		Routine Antepartum Care, first and second trimester, per month	74.31
5952M*		Routine Antepartum Care, third trimester, per month	126.28
5960M*		Increased monitoring, prenatal management, 1 <sup>st</sup> trimester add-on, per month	30.55
5961M*		Increased monitoring, prenatal management, 2 <sup>nd</sup> trimester add-on, per month	38.99
5962M*		Increased monitoring, prenatal management, 3 <sup>rd</sup> trimester add-on, per month	93.95

\* State-unique code

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Fee Schedule

<b>Delivery (Intrapartum)</b>			
<b>Procedure Code</b>	<b>Modifier</b>	<b>Brief Description</b>	<b>Maximum Allowable Fee Effective 7/1/02</b>
59400		Obstetrical care [including 45 day follow-up care]	\$1,898.82
59409		Obstetrical care	904.96
59410		Obstetrical care	1,074.10
5935M*		Labor management fee  Bill only when: <ul style="list-style-type: none"> <li>• The client is transferred to a hospital;</li> <li>• Another provider delivers the baby; and</li> <li>• The referral is made during active labor.</li> </ul>	282.61
<b>Postpartum</b>			
59430		Care after delivery	169.14
<b>Other</b>			
36415		Drawing blood	2.45
84703		Chorionic gonadotropin assay	7.46
85013		Hematocrit	2.35
85014		Hematocrit	2.35
9912M*		Diaphragm	45.00
A4261		Cervical cap for contraceptive use	47.00
57170		Fitting of diaphragm/cap	55.74
90782		Injection, sc/im	2.50
90371		Hep b ig, im [Not billable by Licensed Midwives]	126.88
J2790		Rh immune globulin	112.27
J3490		IV antibiotics for Group B strep- use for Penicillin G and Clindamycin or other drug <b>(Not billable by Licensed Midwives)</b> <b>When billing, include: name of drug, NDC number, dosage, and strength.</b>	Acquisition Cost Include invoice

\* State-unique code

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Fee Schedule

<b>Other (cont.)</b>			
<b>Procedure Code</b>	<b>Modifier</b>	<b>Brief Description</b>	<b>Maximum Allowable Fee Effective 7/1/02</b>
J0290		Injection, ampicillin, sodium, up to 500mg. (use separate line for each 500 mg used) <b>(Not billable by Licensed Midwives)</b>	\$1.40
J1364		Injection, erythromycin lactobionate, per 500 mg.(use separate line for each 500 mg used) <b>(Not billable by Licensed Midwives)</b>	5.56
J7050		Infusion, normal saline solution, 250cc	9.92
5963M*		IV set up supplies	Acquisition Cost
J3490		Infusion, D5-LR, 1000cc. <b>When billing, include name of IV solution.</b>	Acquisition Cost Include invoice
J7120		Ringers lactate infusion, up to 1000cc	12.53
J2210		Injection methylergonovine maleate, up to 0.2mg	3.63
J3490		Oral, methylergonovine maleate, up to 0.2 mg <b>When billing, include: name of drug, NDC number, dosage, and strength.</b>	Acquisition Cost Include invoice
J3475		Injection, magnesium sulfate, per 500 mg	0.27
J2590		Injection, oxytocin	0.72
J0170		Injection adrenalin, epinephrine, up to 1ml ampule	0.54
J3430		Injection, phytonadione (Vitamin K) per 1 mg.	2.18
90708		Measles-rubella vaccine, sc	22.57
90471		Immunization admin	5.00
90472		Immunization admin, each add (List separately in addition to code for primary procedure)	3.00
J3490		Neonatal ophthalmic ointment. <b>When billing, include name of drug, NDC number, dosage, and strength.</b>	Acquisition Cost Include invoice
5964M*		Home birth kit fee <b>(one per delivery)</b>	45.00
5965M*		Department of Health newborn screening tests for metabolic disorders	43.90

**Note:** The drugs listed above as “Not billable by Licensed Midwives” can be administered by licensed midwives when ordered by a physician. The licensed midwife would then bill the administration fee.

\* **State Unique code**

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**Fee Schedule**



<b>Other (cont.)</b>			
<b>Procedure Code</b>	<b>Modifier</b>	<b>Brief Description</b>	<b>Maximum Allowable Fee Effective 7/1/02</b>
99401		Preventive counseling, indiv [approximately 15 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) <b>[For Smoking Cessation only]</b>	\$25.25 nfs
99402		Preventive counseling, indiv [approximately 30 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) <b>[For Smoking Cessation only]</b>	42.09
99432		Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s). <b>Limited to one per newborn.</b>	86.56
99440		Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	94.87
92950		Cardiopulmonary resuscitation (eg, in cardiac arrest)	125.81

nfs = Nonfacility Fee

fs = Facility Fee

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Fee Schedule



**State of Washington**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
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